TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -6 PM 3:18

[redacted]

1. Name of Limited Partnership
Giovanucci

1a. DOCUMENT # A97000001122

FAMILY PARTNERSHIP, LIMITED PARTNERSHIP

Mailing Address / Principal Office Address
765 John Ringling Blvd C38
Sarasota, Fla 34236

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip

3. Date Formed or Registered
5/19/97

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
$500.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
65-0765199
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State. See reverse side for fee information.

9. Name and Address of Current Registered Agent
Aldo Giovanucci
765 John Ringling Blvd C38
Sarasota, Fla 34236

10. Name and Address of Person Preparing This Report
Name
Street Address (P.O. Box Numbers Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

Ca. [illegible]

SIGNATURE (Registered Agent Appointing Acceptance) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
Giovanucci Enterprises Inc	765 John Ringling Blvd C38	Sarasota, Fla	P97000044085

300002410853--9
-01/23/98--01122--002
****156.25 ****156.25

52.50 10378 dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute the report as required by chapter 620, Florida Statutes.

SIGNATURE Aldo Giovanucci DATE 12/30/97

Name and Printed Name of General Partner Signing Form Aldo Giovanucci Daytime Telephone Number _____

CR4E003 (6/97)

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